30002

SEC 1972 (6-02)

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

# UNITED STATES SECURITIES AND EXCHANGE COMVISSION Washington, D.C. 20549

FORM D

NOW 9 4 2004

OMB APPROVAL
OMB Number: 3235–0076
Expires: May 31, 2005
Estimated average burden
hours per response . . . 1.00

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D, 213
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY
Prefix Serial
DATE RECEIVED

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
Series A Preferred Stock Financing	JEBI (FIR BURG) BURG BURG STANDARD
File Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) UI	OF III
Type of Filing: New Filing Amendment	1881 H. (6 8 8 8 18 18 8 18 18 18 18 18 18 18 18 1
A. BASIC IDENTIFICATION DATA	<u> </u>
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	
Spans Logic Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)  Te	lephone Number (Including Area Code)
12244 Windsor Court, Los Altos Hills, CA 94022 (6	50) 917-9188
	lephone Number (Including Area Code)
(if different from Executive Offices)	
	PROCESSED
Brief Description of Business	*
Development of content addressable memories	<u> </u>
Type of Business Organization	THAN S. S. S.
	ase specify): IROMSON FINANCIAL
business trust limited partnership, to be formed	
Month Year	
Actual or Estimated Date of Incorporation or Organization:  0 9 0 4  Actual or Estimated Date of Incorporation or Organization:	tual Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	_
CN for Canada; FN for other foreign jurisdiction) D E	

## GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

			IFICATION DATA		
2. Enter the information red		=			
		er has been organized with			
<ul> <li>Each beneficial ow securities of the issue</li> </ul>		wer to vote or dispose, or	r direct the vote or dispos	sition of, 10% or	more of a class of equity
<ul> <li>Each executive office</li> </ul>	cer and director of	corporate issuers and of co	rporate general and manag	ing partners of par	rtnership issuers; and
<ul> <li>Each general and m</li> </ul>	anaging partner of	partnership issuers.			•
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Somasundaram, M	ladian				
Business or Residence Address	ss (Number and St	reet, City, State, Zip Code)			
12244 Windsor Co	urt, Los Altos Hil	ls, CA 94022			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
ATA Ventures I, L	P.				
Business or Residence Addres	ss (Number and St	reet, City, State, Zip Code)			
	•	e 550, Redwood City, CA			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	`individual)				
Crescendo Venturo		LC			
Business or Residence Address					
480 Cowper Street	,				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Graham, Hatch					
Business or Residence Addres	ss (Number and Sti	reet, City, State, Zip Code)			
ATA Ventures I, L	P., 203 Redwood	Shores Parkway, Suite 5	50, Redwood City, CA 94	065	
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Jenks, Ian	,				
Business or Residence Address	ss (Number and Str	reet, City, State, Zip Code)			
	`	LC, 480 Cowper Street, S		4301	
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
( (	,				
Business or Residence Addres	ss (Number and Str	reet City State Zin Code			
Dusiness of Residence Address	is (14amber and 5th	cet, City, State, Zip Code,			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	ss (Number and Str	reet, City, State, Zip Code)			
	(lise blank s	heet or conv and use add	litional conies of this shoe	t as necessary )	

					B. INFOR	RMATION	ABOUT O	FFERING				. , , , , , , , , , , , , , , , , , , ,
1. H	as the issuer	sold, or do	es the issu	ier intend	to sell, to n	on-accredite	ed investors	in this offe	-			Yes No
2. W	Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual?									ot Applicable		
												Yes No
	oes the offer											
a st	nter the info ommission of person to be ates, list the oker or deal	r similar re listed is a name of tl	muneratio n associato he broker	n for solic ed person or dealer.	itation of portion of portion of agent of the lift more than lift mor	ourchasers in a broker of han five (5)	n connectio r dealer reg persons to	n with sales istered with be listed a	of securities the SEC an	s in the offer d/or with a	ring. If state or	
Full Na	ame (Last na <b>None</b>	me first, if	individual	1)								
Busine	ss or Reside	nce Addres	s (Numbe	r and Stree	et, City, Sta	ite, Zip Cod	e)					
Name	of Associated	d Broker or	Dealer									· · · · · · · · · · · · · · · · · · ·
States	in Which Per	rson Listed	Has Solic	ited or Int	ends to So	icit Purchas	sers	·				·-··
(Che	ck "All State	es" or chec	k individu	al States).			.:					☐ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	ame (Last na	me first, if	individual	1)								
Busine	ss or Resider	nce Addres	s (Numbe	r and Stree	et, City, Sta	ite, Zip Cod	e)					
Name o	of Associated	d Broker or	Dealer									
	n Which Per											☐ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Na	ame (Last na	me first, if	individual	)							,	
Business or Residence Address (Number and Street, City, State, Zip Code)												
Name o	of Associated	l Broker or	Dealer	·								
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)								☐ A 11 Ctota:				
												All States.
[AL]		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
[1/1]	رددا	[OD]	[ , , , ]	[ + 44 ]	[ ]	[, ,]	[ 4 524 ]	[ (, 1)	L'' 'J	r + 1	[,, ,]	[, ,,]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$ 8,000,000	\$6,000,000
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$See above	\$See above
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total	\$8,000,000	\$6,000,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	2	\$6,000,000
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  Type of offering	Type of	Dollar Amount
		Security	Sold
	Rule 505	N/A	\$ <u>N/A</u>
	Regulation A	N/A	\$ <u>N/A</u>
	Rule 504	N/A	\$ <u>N/A</u>
	Total	N/A	\$ <u>N/A</u>
١.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		<b>_</b> \$
	Printing and Engraving Costs	_	
	Legal Fees		\$40,000
	Accounting Fees	_	 ] \$
	Engineering Fees		 ] \$
	Sales Commissions (specify finder's fees separately)		
	Other Expenses (identify)		 ] \$
	Total	_	S40,000 S40,000
		E.	<del></del>

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	b. Enter the difference between the aggrega Question 1 and total expenses furnished in res "adjusted gross proceeds to the issuer."	sponse to Part C - Question 4.a. This different	ce is t	the		\$	6,000,000
	Indicate below the amount of the adjusted gused for each of the purposes shown. If the estimate and check the box to the left of the ethe adjusted gross proceeds to the issuer set for	e amount for any purpose is not known, fur estimate. The total of the payments listed mu-	nish a stequ	an			
					Payments to Officers, Directors, & Affiliates		Payments To Others
	Salaries and fees			\$			\$
	Purchase of real estate						
	Purchase, rental or leasing and installation	on of machinery and equipment		\$			\$
	Construction or leasing of plant building	s and facilities		\$			\$
	Acquisition of other business (including offering that may be used in exchange for issuer pursuant to a merger)	the value of securities involved in this r the assets or securities of another		\$			\$
	Repayment of indebtedness						\$
	Working capital			\$		$\boxtimes$	\$6,000,000
	Other (specify):						
				\$			\$
				\$		$\boxtimes$	\$6,000,000
	Total Payments Listed (column totals add	led)				$\boxtimes$	\$6,000,000
_		D. FEDERAL SIGNATURE					
lo	issuer has duly caused this notice to be sign wing signature constitutes an undertaking by t aff, the information furnished by the issuer to a	he issuer to furnish to the U.S. Securities and	l Excl	hange (	Commission,	ed und upon	der Rule 505, the written request
u	er (Print or Type)	Signature		Date			
a	s Logic Inc.	Madiana Somasundar	m	1	5 Oct 2	2006	<i>'</i> †
n	e or Signer (Print or Type)	Title of Signer (Print or Type)					
96	ian Samasundaram	President Chief Evecutive Officer Chief	Finan	cial O	fficer and S	ecreta	· · · · · ·

## **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)